BEST AVAILABLE COPY

Effective October 1, 2000 46700 - 5004-0												4- 3
											OTHER SMALL	
TC	TAL CLAIMS		39				RA	RATE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			39 minus 20=		. 19		X\$	X\$ 9=		OR	X\$18=	342
INDEPENDENT CLAIMS			minus 3 =		· 7		X4	X40=		OR	X80=	560.
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR	TOTAL	1612
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1)			(Column 2) (Column 3)				SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	2 rue	Minus	••		=	X\$	9=		OR	X\$18=	
AME	Independent	· 0°	Minus	***	r (0) A 1) A	=	X4)=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+13	5=		OR	+270=	
							T(ADDIT	TAL		OR	TOTAL ADDIT. FEE	-
		(Column 1)		(Colur	nn 2)	(Column 3)	AUUII.	FEE			ADDI1.1 CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA [*]	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	•	Minus	***	CI AINA	=.	X40)=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM		+13	5=		OR	+270=	
							TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$:)=		OR	X\$18=	
ME	Independent	•	Minus	***		<u> </u>	X40	=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		l					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +135= OR +270= TOTAL OD TOTAL												
**	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	aid For IN THI aid For IN THI	S SPACE II S SPACE I	s less thai s less thai	n 20, enter "20." n 3, enter "3."	ADDIT.	FEE .	propriate box		ADDIT. FEE	

Application or Docket Number